

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-27-2014

Street: Brown Rd. and 450 E.

Incident #: 14ISPC009234

Apt, Lot, Room #:

County: Kosciusko

City: Leesburg, IN

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☒ Open – No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: open air  
☒ Water Reactive Metal (Lithium): vehicle  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: open air  
☒ Corrosive Base: open air  
☒ Ammonium Nitrate/Sulfate: vehicle  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: Kane Hively  
VIN: 4M2XV11T0XDJ25334  
Year: 1999

Make: Mercury  
Model: Van  
Color: Green

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: \_\_\_\_\_ Fax: \_\_\_\_\_  
Health Department County: \_\_\_\_\_ Fax: \_\_\_\_\_  
Department of Child Services Hotline: [dcshotlinereports@dcs.in.gov](mailto:dcshotlinereports@dcs.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Andrew Cochran Phone 574-546-4900

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.